

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DA	70241	215
CLP.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected H _____ Non-elected
 □ _____ Allowed I _____ Interference
 - (Through number) _____ Cancelled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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